

# College of Pharmacy

## PURCHASE ORDER FORM

Account Number: \_\_\_\_\_

Quote: \_\_\_\_\_

Account Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date Needed: \_\_\_\_\_

### VENDOR INFORMATION

Vendor Name: \_\_\_\_\_

**ROUTINE**  
**Generally delivered within two weeks.**

Address: \_\_\_\_\_

City: \_\_\_\_\_

**EMERGENCY**  
**If needed before two weeks.**

State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Deliver To**  
Bldg # \_\_\_\_\_ Room # \_\_\_\_\_ Lab # \_\_\_\_\_

Fax Number: \_\_\_\_\_

Person placing the order \_\_\_\_\_

Item #	Description	Quantity	Unit Price	Amount
		<b>TOTAL</b>		

Purpose of Purchase: \_\_\_\_\_  
\_\_\_\_\_

Requested By: \_\_\_\_\_

Authorized By: \_\_\_\_\_

The items requested above are for official University business.  
**Note:** Department/Unit Administrative Staff will make a determination about the mode of purchase (E-purchase or P-card).